



# Work Order (Bid Form)

## WORK ORDER INFORMATION

Work Order Name: \_\_\_\_\_  
Work Order Type: Weatherization  
Audit Name: Audit (152)

## CLIENT INFORMATION

Client Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Client ID: \_\_\_\_\_  
Alt. Client ID: 16016SW-0740

## AGENCY INFORMATION

Agency: SWHRA Agency Phone: (731) 989-5111  
Address: 1574 White AVE Fax: \_\_\_\_\_  
Henderson, TN Email Address: \_\_\_\_\_  
Agency Contact: STANFILL, BUTCH Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Company Name & License Number: \_\_\_\_\_

Contractor's Signature: \_\_\_\_\_

## COMMENT

NOTICE:

All work performed and material must meet all requirements as stated in the Southeast Weatherization Field Guide. It is the contractor's responsibility to pull all necessary permits required for the town or county where the work is being performed. No change order work shall be done until the change order has been approved and signed. If heater is required no air sealing should be done before heater is installed.

731-424-8731

# Measures

Measure 1 Infiltration Redctn				Components			Inspected		
Comment									
				Estimated		Actual			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Construction Materials/Hardware	Seal ceiling in furnace closet, Hall bath seal pipes under sink, Seal around tub, Back bath seal floor to wall vanity-around front. Seal around shower head and tub faucet.	Each	1					
2	Labor	Labor	Hour						
3	Construction Materials/Hardware	Mastic duct boots. Seal up back bedroom register it is a false register, Check all connections and seal as needed,	Each	1					
4	Labor	Labor	Hour						
Other Detail									
Measure Sub Total:							Sub Total:		
Field Notes:									

Measure 2 DWH Pipe Insulation				Components			Inspected		
Comment									
				Estimated			Actual		
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	DHW Pipe Insulation	Each	1					
2	Labor	Labor	Each	1					
Other Detail									
Measure Sub Total:							Sub Total:		
Field Notes:									

Measure 3 DWH Tank Insulation				Components			Inspected		
Comment									
				Estimated			Actual		
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Hot Water Equipment	DHW Tank Insulation	Each	1					
2	Labor	Labor	Each	1					
Other Detail									
Measure Sub Total:							Sub Total:		
Field Notes:									

Measure 4 CO Monitor is Needed

Components

Inspected

Comment

#	Material / Labor	Description / Comment	Units	Estimated		Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost
1	Health and Safety Items	CO monitor	Each	1				
2	Labor	Labor	Hour	1				
Other Detail								
Measure Sub Total:							Sub Total:	
Field Notes:								

Measure 5 Install Bathroom Exhaust Fan

Components

Inspected

Comment

#	Material / Labor	Description / Comment	Units	Estimated		Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost
1	Health and Safety Items	Bathroom exhaust fan	Each	1				
2	Labor	Labor	Hour	1				
Other Detail								
Measure Sub Total:							Sub Total:	
Field Notes:								

**Measure 6 PressureRelief Piping Needed****Components****Inspected****Comment**☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety Items	Pressure relief piping	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Hour	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Other Detail</b>									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Measure Sub Total:</b>						<input type="text"/>	<b>Sub Total:</b>		
						<input type="text"/>			

**Field Notes:****Measure 7 Vapor Barrier Needed  
(Basement/Crawlspace)****Components****Inspected****Comment**☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety Items	Basement / crawlspace vapor barrier	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Hour	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Other Detail</b>									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Measure Sub Total:</b>						<input type="text"/>	<b>Sub Total:</b>		
						<input type="text"/>			

**Field Notes:****Work Order Grand Total:****Grand Total:**

Client Name:

Client ID

Alt. Client ID: 16016SW-0740

**Work Order (Bid Form)**

Work Order Name:

Report Run On: 5/26/2010

DOE Weatherization Assistant

Version 8.5.0

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